

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012094

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 64

FILED APR 5 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10490

204902

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9490X

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1286-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Tasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Tasper</u>	
b. CITY (If outside corporate limits, give township or town) <u>Webb City Mo.</u>		c. CITY OR TOWN <u>Carl Junction</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>ELMHURST</u>		d. STREET ADDRESS (If outside, give location) <u>ELMHURST</u>	
3. NAME OF DECEASED (Type or print) First <u>LYMA</u> Middle <u>RUTH</u> Last <u>Ferrell</u>		4. DATE OF DEATH Month <u>3</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-17-1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sonistress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt Factory</u>	
11a. BIRTHPLACE (City and state or country) <u>Webb City Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Tweedy</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Belle Tweedy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT Address <u>Glenda Farrell Shaw Carl Jct.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bilateral Lobar Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>5 days</u> DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Amyotrophic Lateral Sclerosis</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY: Hour _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>2-26-63</u> to <u>3-10-63</u> and last saw her/him alive on <u>3-10-63</u> . Death occurred at <u>10:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wm Wells-Beke</u>		22b. ADDRESS <u>924 W. Dougherty Webb City</u>	
22c. DATE SIGNED <u>4-2-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3/16/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Carl Junction Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Roney Funeral Service</u>		25. DATE RECD. BY LOCAL REG. <u>4-4-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sauter</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 5 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clayton M. Johnston

Licensed Embalmer No.

4304

P. O. Address

Webb City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.